

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
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Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

August 4, 2016

Ms. Amy Beer, Manager Waterford Group Home 659 High Ridge Road Waterford, VT 05819

Dear Ms. Beer:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 5**, **2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCHaPN

Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ С 0162 07/05/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 659 HIGH RIDGE ROAD WATERFORD GROUP HOME WATERFORD, VT 05819 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite investigation into a facility self-reported incident was conducted by the Division of Licensing and Protection on 7/5/16. The following are regulatory findings. See attached R224 R224 VI. RESIDENTS' RIGHTS SS=G Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced Based on record review and staff interview, the home failed to ensure that all residents were free from abuse for one resident sampled. (Resident #1) Findings include: Per record review, Resident #1 is cognitively impaired and not able to be interviewed. On the night of 6/23/16, the Manager of the home received a call from the staff person alone on duty for the overnight shift. The staff person was upset, and told the Manager that they needed to leave their shift. When the Manager arrived to take over, there was no reason given, however the Manager took over the night shift and the employee left. The following day, the spouse of the employee called the Manager of the home to report that their spouse had confessed to beating Resident #1 with a hairbrush. The Manager contacted their supervisor, and an incident report was written, and reported to the state as required. The employee was terminated immediately. These events were confirmed by the Manager on

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVINCE REPRESENTATIVE'S SIGNATURE

STATE FORM

Division	of Licensing and Pro	otection ·			•	IONINA	ITROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		0162	B. WING			C 07/05	5/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							•
WATEREARN GROUP HOME			HRIDGE ROAL ORD, VT 058				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	AN OF CORRECTION IVE ACTION SHOULD ED TO THE APPROPOSICIENCY)) BE	(X5) COMPLETE DATE
R224	Continued From pa	ge 1	R224			i	
	7/5/16, as well as th	ne confirmation that Resident leir body from the hairbrush					
R291 SS=F	IX. PHYSICAL PLA	NT	. R291	See	attac	hed	
	9.6 Plumbing		1			İ	
	9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas.					,	
This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that hot water temperatures remained within safe limits.						:	
	temperatures in the residents was 137 bathroom was the sinterview with the honfirmed that the reading 137 Degree there had been wor septic, and that sor Manager was able the hot water into s	7/5/16 at 10:00 AM, hot water downstairs bathroom used by Degrees F. The upstairs same temperature. Per ome's Manager, they water temperatures were es F. The Manager stated that k done on the pipes and neone had turned it up. The to reduce the temperature of afe ranges below 120 Degrees in and draining the stored ur.					

6899

Facility: Waterford Group Home Investigation Date: January 19, 2016

R224 VI. RESIDENT'S RIGHTS

6.12

The Waterford Group Home was found to be in full compliance with applicable staff background check policies and regulations, as well as in those related to staff training in the areas of abuse reporting and prevention, and resident's rights. There was no current or historical information, documented or observed, that indicated the individual's capacity to engage in such a behavior.

Plan of Correction:

- The Waterford Group Home terminated the responsible employee and reported the incident to Adult Protective Services (Completed)
- The Home will continue to adhere to regulations pertaining to staff training, background checks, and managerial oversight (Ongoing)
- The Residential Manager will continue to ensure that staff are aware of their ability to access the EAP (Ongoing)
- The Licensee will complete informal periodic reviews to ensure ongoing regulatory compliance (Ongoing)

R291 IX PHYSICAL PLANT

9.6 Plumbing

Plan of Correction:

- The Residential Manager will ensure that water temperatures are tested routinely and do not exceed 120 degrees. Additional testing will be completed immediately following any plumbing or heating maintenance or repair (immediate)
- The Licensee will complete informal periodic reviews to ensure ongoing regulatory compliance